SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. BEST AVAILABLE COP TOTAL IND. TOTAL IND. <u>_</u>0 TOTAL DEP. TOTAL DEP. TOTAL TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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